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Sequence Number: \_\_\_\_\_

Notice ID(s): \_\_\_\_\_

File Date: \_\_\_\_\_

# Notice of Rulemaking Hearing

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.*

<b>Agency/Board/Commission:</b>	Tennessee Department of Human Services
<b>Division:</b>	Family Assistance
<b>Contact Person:</b>	Phyllis Simpson
<b>Address:</b>	Office of General Counsel Citizens Plaza Building, 10 <sup>th</sup> Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	phyllis.simpson@tn.gov

*Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:*

<b>ADA Contact:</b>	Jeffrey Blackshear
<b>Address:</b>	Office of General Counsel Citizens Plaza Building, 10 <sup>th</sup> Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	jeffrey.blackshear@tn.gov

**Hearing Location(s)** (for additional locations, copy and paste table)

Address 1:	Citizens Plaza Building 2 <sup>nd</sup> Floor Board Room 400 Deaderick Street
Address 2:	
City:	Nashville
Zip:	37243-1403
Hearing Date :	08/17/09
Hearing Time:	1:30 PM
	<input checked="" type="checkbox"/> X CST <input type="checkbox"/> EST

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

☒ Amendment  
☐ New  
☐ Repeal

**Rule(s)** (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables. Please enter only **ONE** Rule Number/RuleTitle per row.)

Chapter Number	Chapter Title
1240-01-04	Financial Eligibility Requirements
Rule Number	Rule Title
1240-01-04-.27	Standards of Need/Income

Chapter Number	Chapter Title
Rule Number	Rule Title

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Rule Number	Rule Title

## Substance of Proposed Rules

### Chapter 1240-01-04 Financial Eligibility Requirements

#### Amendments

Rule 1240-01-04-.27 Standards of Need/Income, is amended by deleting Subparagraph (e) under Paragraph (1) in its entirety to insert new figures for Table V-A, so that, as amended, Paragraph (1), Subparagraph (e) and Tables V-A and Table V-B shall read as follows:

(e)

Table V-A  
Food Stamp Standard Utility Allowance

Household Size	1	2	3	4	5	6	7	8	9	10 or more
Standard Utility Allowance	\$314	\$326	\$338	\$350	\$360	\$372	\$384	\$396	\$408	\$419

Table V-B  
Food Stamp Basic Utility Allowance

Household Size	1	2	3	4	5	6	7	8	9	10 or More
Basic Utility Allowance	\$126	\$126	\$126	\$126	\$126	\$126	\$126	\$126	\$126	\$126

The Basic Utility Allowance is to be used for households who are not eligible for the Standard Utility Allowance because they do not incur a major heating or cooling expense, but who do incur utility costs such as electricity for lighting, gas for cooking, water/sewerage, or garbage pickup.

Authority: T.C.A. §§ 4-5-201 et seq.; T.C.A. § 4-5-202; T.C.A. §§ 71-1-105 and 71-5-304; 7 U.S.C.A. § 2014 and 2017(a); 7 C.F.R. §§ 273.9 and 273.10; and PL 110-246, Title IV §§ 4102, 4103 and 4107, June 18, 2008 and PL 111-5, Division A, Title I § 101, February 17, 2009.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Officer: Phyllis Simpson

Assistant General Counsel

Title of Officer: Tennessee Department of Human Services

Subscribed and sworn to before me on: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

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Filed with the Department of State on: \_\_\_\_\_

\_\_\_\_\_  
Tre Hargett  
Secretary of State